

Service Responsibility Protocol: Identifying the lead service for adults with social care needs	
Version	10
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Supporting documents	Sect 75 agreement with Devon Partnership NHS Trust

1. Scope of protocol

- 1.1 This protocol applies to all Adult Social Care staff involved in the assessment and care planning processes. It also applies to Devon Partnership NHS Trust (DPT) staff involved in the assessment and care planning for adults with a mental health need.

2. Why we have this protocol

- 2.1 The protocol puts in place a framework for identifying the most appropriate service to meet an individual's need(s). The policy details how Devon County Council (DCC) and DPT work together to ensure an individual is best supported and their needs do not go unmet when lead responsibility is not immediately clear. The policy also sets out the process for resolving service responsibility disputes should they arise.

3. What the protocol will achieve

- 3.1 This protocol will ensure that:
- Each Service is clear on the primary adult social care needs that it is responsible for leading and co-ordinating the assessment and care planning of for people.
 - The right expertise and resources are provided to undertake assessments and in meeting people's eligible needs.
 - Service responsibility disputes are limited and resolved quickly so that eligible needs do not go unmet.
 - People are aware of who is responsible for their journey through care and support.

4. The Protocol

Eligibility for an adult social care service.

- 4.1 The Care Act has established a National Eligibility Criteria. The criteria set out the social care needs that a person will need to be assessed as having in order to be eligible for care and support.
- 4.2 DCC deploys staff and resources across a range of specialist and integrated teams, including Mental Health staff assigned to DPT through a formal Section 75 agreement.
- 4.3 The table 1 sets out the types of needs that a person may have and identifies the team that has the appropriate expertise to support a person with that primary need.

Eligibility for Devon Partnership NHS Trust service

- 4.4 Eligibility for the secondary mental health services that DPT provides is assessed through the DPT Triage Hub. The DPT Triage Hub will assess whether the person is suffering from a mental health problem of a nature or degree that is serious enough to require the specialist services that DPT provide. If the person appears to be in need of social care services as defined in the Care Act and its guidance and those needs are primarily related to their need for the mental health service that DPT are commissioned to provide then DPT will assess and provide for those social care needs.
- 4.5 The process through which DPT will consider the most appropriate directorate to offer clinical expertise are outlined in the Transition protocol (DPT C16). Agreement of the Social Care team manager is required where there is a proposal to transfer clinical ownership between directorates where there will be a related impact on responsibility for delivering social care support.

How primary need and lead service are identified

- 4.6 When a referral is made requesting a needs or carers assessment, a Care Act compliant assessment will be undertaken in a timely manner and not delayed by discussion between team managers about who should lead the process; information should continue to be recorded within the electronic case management process in situations where it is unclear which service is responsible for an individual.
- 4.7 The needs assessment process will be led and co-ordinated by the service which, on the basis of preliminary information, including information that may be available through an individual's Supported Self-Assessment, appears to be most likely to hold expertise in the main areas of need and most able to support the individual through the assessment and care and support planning process; see table 1.
- 4.8 Where more than one service or team has the knowledge and expertise needed to assess someone's needs, these teams or services are required to work together to fully understand the person's needs, and ensure appropriate care and support planning. During the assessment process, services involved will need to agree which service will deliver care and support responsibilities if on-going support is offered to an individual.
- 4.9 A support plan must clarify the workers and/or teams that will continue to play a part in supporting the person concerned. Funding and commissioning arrangements for all Personal Budget support will remain the responsibility of the "lead" service sector.
- 4.10 Any arrangements (following assessment or review) to transfer responsibility for care management from one team to another will involve active participation by both teams to minimise any disruption. This will involve joint communication with the person concerned, before the transfer happens. Again, it is essential that teams work in a collaborative and constructive way to support this.

- 4.11 A carer's assessment may take place through a number of routes including Devon Carers, GPs, in pharmacies, DCC or DPT. A carer's assessment could be undertaken alongside an assessment of the cared-for person or separately to it. All those involved will be guided by the wishes of the carer.

Where the case is complex and the Carer Assessment is to be carried out by the independent service commissioned to provide carer assessments close liaison should be maintained, with appropriate consents.

- 4.12 Where an individual does not want to engage with the service that holds lead responsibility and is seeking adult social care support through a different team, the lead service should make every effort to engage and outline the benefits of the service that they are uniquely qualified to offer. Where other teams remain involved, providing a secondary service to meet other eligible needs, the "lead service" will continue to offer expertise and guidance in appropriate delivery of support. Such arrangements should be agreed by Community Service managers and (equivalent level for) DPT managers. Funding for the cost of all support and care will continue to be determined by the primary need.

Joint working across teams and organisation

- 4.13 DCC and DPT have an established Section 75 agreement in place for the delivery of Adult Mental Health Services. The agreement is to enable DPT to provide integrated adult mental health services that include mental health and social care services. DPT does this by deploying and managing social care resources and services alongside the NHS services which the Trust is contracted to provide.
- 4.14 This enables a whole system approach to joint working, with the aim of achieving the best possible health and social care outcomes for the people who use these services.
- 4.15 The joint values and principles of the Section 75 agreement that both partners have signed-up to include
- Providing social care services that comply with the requirements of the Care Act;
 - Ensure more effective co-ordination of services;
 - Improve the provision and development of mental health and social care services for service users and carers through closer working between the NHS and the local government;
 - Simplify access to services and ensure equality of access;
 - Develop user focused services which are personalised, responsive, underpinned by choice and control and are co-ordinated and of high quality;
 - Ensure that services are delivered effectively;
 - To share information and experience between partners;
 - To develop and maintain trust between our stakeholders, users, carers, the community staff, statutory bodies and the independent and voluntary sectors

- 4.16 A key aim of the Partners in establishing the Arrangements is to offer people services that are appropriate to their needs, regardless of whether the funding originates from an NHS or Local Authority source, in a way that meets the strategic requirements of both organisations.
- 4.17 People either side of the 18-65 age limit indication given in the agreement may be better accommodated by one service or another, or by responsibility being shared between the services, with appropriate packages of care according to their needs. For more detail on defining primary service responsibility see the **Primary Need and Responsible Team** table below.
- 4.18 If a person is being funded for support due to primary mental health need the funding of that support and the care management and care programme review processes that they need will continue to be carried out by DPT. This may be managed through staff assigned to DPT from DCC or by substantive DPT staff.

Reducing and resolving disputes

- 4.19 Working in a collaborative and constructive way will reduce disputes concerning service responsibility. However, if on receipt of a referral, a Manager is concerned that their team may not be the right team to lead on assessing and providing the care services for the person concerned, they should initiate a request to the team which they believe may be more suited to doing this. The team receiving the initial request will remain responsible for any initial assessment while seeking a response from other teams.
- 4.20 Communication between managers should involve face-to-face or telephone discussion, supported as required by exchange of written information.
- 4.21 In more complex circumstances where it is not immediately apparent which agency should lead and co-ordinate the assessment process, it may be appropriate to hold a case conference to clarify issues and resources; such arrangements could include a telephone conference. The timescale for enquiries and case conference will be determined by risks presented in individual cases. In any event eligible needs should be met as soon as possible.
- 4.22 Where agreement about lead agency cannot be reached by team managers **within one week of the date of referral or assessment request** the issue will be referred to Senior Managers for resolution. The communication with Senior Managers will include an outline of the issues presenting concern and notes of the case conference or other meetings held.
- 4.23 If the outcome is that an individual's needs are deemed to fall outside of the expertise held by any single team concerned, the Community Health and Social Care Manager should agree a "best fit" resolution with the DPT Manager at the equivalent level. They may also need to escalate the matter as a gap in expertise and/or service provision.
- 4.24 Where service responsibility disputes continue, this will be escalated to the Principal Social Worker for Adult Care Commissioning at Devon County Council

and DPT Managing Partner for Social Care / Head of Profession for Social Work, who will jointly agree a way forward or a recommendation should further escalation be required. A decision should be made within 5 working days from the point of escalation.

4.25 If no agreement is reached within five working days, the issue should be escalated to the Deputy Chief Operating Officer (DPT) and to the Head of Adult Commissioning and Health (DCC) in line with the DCC case protocol in local area of origin within 48 hours of referral.

4.26 Further escalation is not anticipated

Table 1: Primary need and responsible team

Primary Need	Further definition of primary need	Responsible Team
Disability- including learning disability, physical disability and acquired brain injury		DCC Care Direct Plus CDP or Community Health and Social Care Team
Mental Health	<p>People with confirmed diagnosis of dementia.</p> <p>People over 65 without previous long-standing MH needs.</p> <p>People over 65 with a long standing mental health problem but where their physical problems or developing frailty have become their primary need.</p>	<p>DCC Care Direct Plus CDP or Community Health and Social Care Team</p> <p>Where there is agreement by both clinical directorates in DPT (Adult and Older Persons Mental Health), and the Health and Social Care Team manager, the responsibility for social care support will follow transfer of clinical responsibility.</p>

	<p>People with previous long-standing MH need i.e. People known to DPT as working age adults, in receipt of Social Care Services who upon reaching the age of 65 still continue to require the same specialist DPT service to meet their primary needs.</p> <p>People who are or appear to be in need of social care services related to their mental ill health and who are known to DPT.</p> <p>People assessed as requiring the secondary MH service that DPT are commissioned to provide.</p> <p>Young people known to other mental health services in Devon or outside who may become ordinarily resident in Devon at 18 and who are preparing for adulthood.</p> <p>People with a dual diagnosis of Mental illness and substance misuse</p>	<p>Devon Partnership Trust (DPT) Adult Mental Health Teams</p> <p>For people being funded for social care support due to primary mental health need the funding of that support and the care management and care program review processes that they need will continue to be carried out by DPT.</p>
Sensory loss	Where sensory loss is primary need, including people with learning disabilities and sensory loss.	Devon County Council DCC Sensory Team
Autism / Asperger's ADHD	When the primary need is Autism or ADHD and the person is not receiving support from other adult social care or mental health services for another primary need.	Autism and ADHD service - DCC
Drug Alcohol / substance misuse	People who misuse substances, who are or appear to be in need of social care services, and do not have a need for a DPT / secondary mental health services.	<p>DCC Care Direct Plus CDP or direct referral to Drug and Alcohol services provided by Together Drug and Alcohol Service and commissioned by Public Health.</p> <p>https://new.devon.gov.uk/adultsocialcareandhealth/health-and-wellbeing/alcohol-and-drug-misuse/</p> <p>http://www.edp.org.uk/together/</p>

Carers	Carers who of a person who is ordinarily resident in Devon and where the cared for person is not known to DPT	<p>The carer should be offered a degree of choice about who carries out their assessment. Options will include</p> <ul style="list-style-type: none"> - the independent service commissioned to provide carers assessments, and - DCC Care Direct Plus or Community Health and Social Care Team. <p>Where the situation or persons needs are complex, or where it is first time carers assessment, consideration should be given on a case by case bases as to which option is more appropriate.</p>
	Carers of a person who DPT are providing a service to	<p>The carer should be offered a degree of choice about who carries out their assessment. Options will include</p> <ul style="list-style-type: none"> - the independent service commissioned to provide carers assessments, and - DPT <p>Where the situation or persons needs are complex, or where it is first time carers assessment, consideration should be given on a case by case bases as to which option is more appropriate.</p>